



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:	Beginning Date: <u>5/30/2020</u>	Ending Date: <u>07/03/2020</u>
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Type of Report: (Check one)

- 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Patti J Sawtelle

Candidate Full Name (if applicable)

Town Clerk

Office Sought and District

115 College Ave

Residential Address

E-mail: pand_pk18@yahoo.com

Phone # (optional): _____

Committee to Elect Patti Brennan Sawtelle

Committee Name

Brian Shea

Name of Committee Treasurer

2 Brattle Dr Apt 1, Arlington, MA02474

Committee Mailing Address

E-mail: brennansawtelleforarlingtonclerk@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$889

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

\$889

Line 4: Total expenditures this period (page 5, line 14)

\$889

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

\$0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: Leader Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature]

(Treasurer's signature)

Date: 7/1/2020

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature]

(Candidate's signature)

Date: 7/1/2020



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Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 6/28/2020

Name of Individual Being Reimbursed: Patti Brennan Sawtelle

Committee Name: Committee to Elect Patti Brennan Sawtelle

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/7/2020	Connolly Printing	17B Gill St Woburn, MA	Mailing Partial reimbursement	\$889

(Include items listed on Page 2)

→ Line 1: Expenditures in excess of \$50 (itemized above):

\$889

Line 2: Expenditures \$50 or under (not itemized):

\$0

Line 3: TOTAL AMOUNT REIMBURSED:

\$889

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 6/28/2020

Please prepare a separate report for each reimbursement check issued by the committee.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**

\$2,966.91

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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